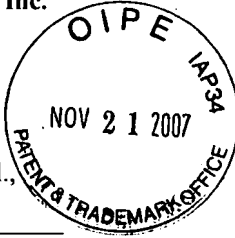


Amendment Transmittal

MDS ANALYTICAL TECHNOLOGIES, Inc.
1311 Orleans Drive
Sunnyvale, CA 94089-1136
408.548.6131V
408.546.6088F

Docket No. 40US_____



In re application of: Liu et al.,

Application No.: 10/619,820

Filed: July 14, 2003

Group Art Unit: 1651

For: LABEL-FREE METHOD FOR CLASSIFICATION AND
CHARACTERIZATION OF CELLULAR EVENTS

I hereby certify that this correspondence is being
deposited with the United States Postal Service as
first class mail in an envelope addressed to:

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date of Deposit 11/16/07

By Kelvan Patrick Howard, 48,999

THE COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents in the above-identified application.

- ☒ Transmittal Form
- ☒ Petition for Extension of Time under 37 CFR 1.136(a);
- ☒ Reply/Amendment;
- ☒ Return Postcard.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	*17	MINUS	** 35	=	0
INDEP.	* 2	MINUS	*** 3	=	0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
x \$9.00 =	\$0.00		x \$18.00 =	0
x \$42.00 =	\$0.00		x \$84.00 =	0
+ \$140.00 =	\$0.00		+ \$280.00 =	
TOTAL ADDIT. FEE	\$0.00	OR	TOTAL	0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 502822 as follows:

☐ Claims fee \$_____

☒ Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

MDS SCIEX, INC.

Kelvan Howard, Reg. No. 48,999